## EXHIBIT 3

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SHIP OR STATION:		
SUBJECT:	PERMANENT	▼ TEMPORARY
COVID-19 Vaccination Administrative Counseling/Warnin	g AUTHORITY (IF PERMANENT):	GORGE CONTRACTOR OF THE CONTRA
<ol> <li>The U.S. Food and Drug Administration (FDA) approved the first COVID-19 vaccine of age and older, and announced that the vaccine will be marketed as Comirnaty. Accord all service members in the Armed Forces on active duty or in the Ready Reserve who are use COVID-19 vaccines that receive full licensure from the FDA, in accordance with FD Pfizer-BioNTech and Comirnaty vaccines have the same formulation and are interchange distributed under the Emergency Use Authorization to administer mandatory vaccination</li> </ol>	lingly, the Secretary of Defense (SECDEF not fully vaccinated against COVID-19. A-approved labeling and guidance. Per the able: Navy medical providers are authorized	) has directed full vaccination of Mandatory vaccination can only be FDA's guidance, the
<ol><li>ALNAV 062/21 and NAVADMIN 190/21 implemented the SECDEF's mandate for the</li></ol>	ne Department of the Navy (DON) and the	Navy, respectively.
3. The following information is provided for your consideration:		
Your health and safety are the Navy's number one concern.     The threat from COVID-19 is deadly and real.		
<ul> <li>vaccination has proven to be the most effective defense against serious illness caused. Administering the COVID-19 vaccine is in the interest of national security and pro</li> </ul>	ted by COVID-19.	helms protect your family fallow
Sailors and Marines, and associated DON civilians.		
<ul> <li>e. Per FDA guidance, the Pfizer-BioNTech and Comirnaty vaccines are the same, and</li> <li>f. DoD will administer COVID-19 vaccinations consistent with FDA approved dosing</li> </ul>	schedules and current standards of medic	safety or effectiveness concerns. al practice. Pfizer-BioNTech and
Comirnaty are two-dose vaccines; full vaccination is achieved two weeks after completin g. Additionally, per MANMED 15-105, special operations (SO) duty personnel (SEA)	g the second dose.	
personal or religious beliefs will be disqualified from SO duty (unless the disqualification bays. This provision does not pertain to medical contraindications or allergies to vaccine	is separately waived by BUMED). This v	vill affect deployment and special
4. Your Navy medical record indicates you are not fully vaccinated against COVID-19, pending exemption request, or you elect the option in paragraph 7 to request an exemption become fully vaccinated for COVID-19 no later than (circle applicable deadline):	n within 10 calendar days of signing this P	dministrative exemption, or a rage 13, you are hereby ordered to
28 November 2021 for the Active Component 28 December 2021 for Proof of vaccination must be provided to your command no later than the next duty day f		nt or 7 days for Ready Reserve.
<ol><li>This a lawful order. Refusal to be fully vaccinated against COVID-19, absent an appr</li></ol>		
awful order and is punishable under the Uniform Code of Military Justice and/or may re-	sult in administrative action.	, mii voisiissis i illimo to ovey a
6. If you have concerns about the COVID-19 vaccine or have questions about an administrational. Healthcare professionals at any local DoD Military Treatment Facility (Note the benefits of COVID-19 vaccinations, or any other medical questions you have related to the professional of t	(TF) are available to answer questions reg	ntact the following: arding the risks of COVID-19 and
b. Legal. You may seek the advice of a Navy judge advocate at your nearest Defense		arch tool is available online at:
https://www.jag.navy.mil/legal_services/legal_services_locator_dso.htm.  c. Chaplain. You may seek religious counsel from a Navy chaplain at any base chape		
7. You must initial the following, as applicable:		
I acknowledge the above counseling/warning and understand its contents		
I acknowledge that I may submit a statement in response to this counseling/warning  I intend to submit a statement within 10 calendar days of the date of my signal		
I do not intend to submit a statement.	h & alassa - (0) / - 10 - 1 - 1 - 1 - 0 - 1	
I intend to request an administrative or medical exemption, as indicated in paragraph	in 3 above, within 10 calendar days of the	ансе от my signature below.
	,	
Control Date Stated		
	Witness Signature Date/Signed	
INTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:		
/ERIFYING OFFICIAL RANK OR GRADE/TITLE: DATE:	SIGNATURE OF VERIFYING OF	FICIAL:
NAME (LAST, FIRST, MIDDLE):	SOCIAL SECURITY NUMBER:	BRANCH AND CLASS:

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